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Name

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Thomas R. Cech et al.

Filing Date: January 18, 2002

Serial No: 10/053,758

Docket: 015389-002980US; 018/183c

Title: ANTIBODY TO TELOMERASE REVERSE
TRANSCRIPTASE

Art Unit: 1642

Examiner: Susan NMN Ungar, Ph.D.

**AMENDMENT AND RESPONSE TO OFFICE ACTION
UNDER 37 CFR § 1.111**Commissioner for Patents
Alexandria VA 22313

Dear Sir,

This paper is responsive to the most recent Office Action on the merits, dated January 25, 2005, for which a response is due April 25, 2005. Accompanying this Amendment is a Petition for a one month extension of time. Accordingly, this paper is timely filed.

Applicant has given careful consideration to the analysis in the Office Action. Please enter the following amendments and remarks.

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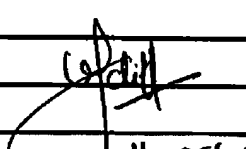
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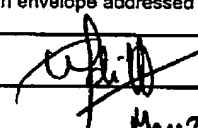
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/053,758
	Filing Date	January 18, 2002
	First Named Inventor	Thomas R. Cech, et al.
	Art Unit	1642
	Examiner Name	Susan Nmn Ungar
	Attorney Docket Number	015389-002980US; 018/183C
Total Number of Pages In This Submission	12	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD Remarks ***last page marker (1 page)***	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): OIFE/JCWS MAY 27 2005 RECEIVED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schiff		
Date	May 25/05	Reg. No.	40,253

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Typed or printed name	May 25/05 MICHAEL SCHIFF	Date	

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